

MISSOURI  
FILED FEB 9 1943 STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics  
Bureau of the Census  
FILED FEB 9 1943 Certificate of Death 5998

State Office No.

3183

1. PLACE OF DEATH:  
(a) County Putnam Township York  
(b) City or Town Rural near Powersville, Mo.  
(If outside city or town write RURAL NEAR and give town)  
(c) Hospital or Institution: Name and Street Address  
(d) Length of stay in Hospital or Inst. (yrs., mos. and days)  
In this community (yrs., mos. and days) 1 mo. 14 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:  
For newborn infant give residence of mother  
(a) State MISSOURI (b) County Putnam  
(c) City or town Powersville, Mo.  
(If outside city or town limits write RURAL NEAR and give town)  
(d) Street No.  
(If rural give LOCATION)  
(e) If foreign born, how long in U.S.A. No years  
(f) Citizen of foreign country? No (yes or no)  
If yes, name of country  
3. (b) IF VETERAN, NAME WAR. No

3. (a) FULL NAME  
Julia C. Shriver.

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widowed  
6. (b) Name of husband or wife J. B. Shriver  
6. (c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) Jan. 8, 1859  
8. Age 83 Years 11 Months 13 Days If less than 1 day hrs. min.  
9. Birthplace Indiana  
(Town, county, and state or foreign country)  
10. Usual Occupation Housekeeper - Own home  
11. Industry or business  
12. Name Unknown  
13. Birthplace Unknown Indiana  
(City, town or county) (State or foreign country)  
14. Name Mary Jane (Culbertson) Shriver  
15. Birthplace Indiana  
(City, town or county) (State or foreign country)

16. (a) Informant's own signature Fannie Moros.  
(b) Address Warren, Oregon  
17. (a) Burial (b) Date thereof Dec. 23, 42  
Burial, cremation, or removal (specify) (Month) (Day) (Year)  
(c) Place of burial or cremation Powersville, Mo.  
Location  
18. (a) Signature Milton Liggett  
(b) Address Deymow, Ia. (c) License No. 2497  
19. Signature C. Kelly District 297  
Date received Dec 30, 1942 Filed No. 5998

20. DATE OF DEATH Dec. 21, 1942 at 7 P.M.  
(Month, WRITE OUT) (Day) (time)  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1942 to December 21, 1942, and that I saw her alive on Dec. 18, 1942  
Immediate cause of death Chronic Myocarditis with Coronal atherosclerosis.  
Due to Chronic Hypertension  
Due to Possibly Chronic Glomerulonephritis  
Other conditions  
(Include pregnancy within 3 months of death)  
OPERATION: Date of  
Of operation 1318  
Of autopsy  
22. If death was due to external causes, fill in the following:  
(a) (Accident, suicide or homicide) (b) Date of  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Injured at home, farm, industry, public place (where?)  
(e) Injured at work? (Yes or no)  
(f) Means of injury  
(g) Nature of injury  
23. (a) Signature J. McDonald D.O. Iowa licensed (M.D. or other)  
(b) Address Powersville, Mo.  
(c) Date signed Dec. 24, 1942

DURATION

PHYSICIAN

Please underline the cause to which the death should be ascribed

ACCIDENT  
SUICIDE  
OR  
HOMICIDE

1099 (OVER)

SOCIAL SECURITY ACCOUNT No.

None.

RECEIVED  
District Health Officer No. 10  
District File Number 1-43-45  
Date Filed Jan-7-1943

CERTIFICATE TO BE EXECUTED BY LICENSED EMBALMER

I, Milton Lippett, Licensed Embalmer No. 2487, hereby certify that  
the body recorded on the reverse side of this certificate was embalmed by Myself L. E.,  
No. \_\_\_\_\_, or by \_\_\_\_\_, Registered Student No. \_\_\_\_\_,  
working under my personal supervision.

Signed Milton Lippett  
Licensed Embalmer No. 2487

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(Failure to comply with the above constitutes grounds for revocation of license.)

Seymour